

United States Bankruptcy Court
Eastern District of Michigan

In re **Kellie Lyn Elkins**,
 Debtor

Case No. **13-21308-dob**

Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	42,700.00		
B - Personal Property	Yes	3	20,449.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		92,498.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		99.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		15,227.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,311.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,309.00
Total Number of Sheets of ALL Schedules		18			
Total Assets			63,149.50		
Total Liabilities				107,824.00	

United States Bankruptcy Court
Eastern District of Michigan

In re **Kellie Lyn Elkins**

Debtor

Case No. **13-21308-dob**Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	99.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	99.00

State the following:

Average Income (from Schedule I, Line 12)	3,311.00
Average Expenses (from Schedule J, Line 22)	3,309.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		7,700.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	99.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		15,227.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		22,927.00

In re **Kellie Lyn Elkins**Case No. **13-21308-dob**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. xx-4158 *IRS P.O. Box 21126 Philadelphia, PA 19114-0326		-	2009 Taxes				2,180.00
Account No. US Attorney Civil Division 211 Fort Street, Suite 2300 Detroit, MI 48226			Representing: *IRS				Notice Only
Account No. xx-4158 Best Bank Processing Center P.O. Box 240200 Milwaukee, WI 53224		-	2014 Overdraft Fees				500.00
Account No. xxxx-xxxx-xxxx-4414 Capital One P.O. Box 70884 Charlotte, NC 28272-0884		-	06/2005 Clothing, gas, food				1,300.00
<div style="display: flex; justify-content: space-between;"> 3 continuation sheets attached Subtotal (Total of this page) </div>							3,980.00

In re **Kellie Lyn Elkins**Case No. **13-21308-dob**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxxx-xxxx-8758 Capital One P.O. Box 70884 Charlotte, NC 28272-0884	-	06/2005 Bills				1,200.00
Account No. xxxx-xxxx-xxxx-3059 Credit One Bank P.O. Box 60500 City Of Industry, CA 91716-0500	-	06/2005 Misc. purchases				1,800.00
Account No. xx4158 Dr. Kishan Kella 664 S. State St. Millington, MI 48746	-	2014 medical services				75.00
Account No. xx- 4158 First Merit Bank 295 First Merit Circle Akron, OH 44307-2359	-	2014 Overdraft Fees				700.00
Account No. xx0023 Hilltop Dentists 12265 N. State St. Otisville, MI 48463	-	2014 dental services				422.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,197.00

In re **Kellie Lyn Elkins**Case No. **13-21308-dob**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxxx-xxxx-1666 Household Bank Bankcard Services PO Box 19360 Portland, OR 97280	-	06/2005 Select Purchases				1,800.00
Account No. xx4158 Household Bank P.O. Box 703 Wood Dale, IL 60191	-	09/2011 misc. goods				300.00
Account No. xx3528 McLaren Regional Medical Center 1375 N. Main St Lapeer, MI 48446	-	2014 medical services				Unknown
Account No. xxxx-xxxx-xxxx-6927 Pay Pal P.O. Box 660433 Dallas, TX 75266-0433	-	06/2005 Misc. goods				400.00
Account No. xx-4158 PNC Bank P.O. Box 15397 Wilmington, DE 19886	-	2014 Overdraft Fees				500.00
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						3,000.00
Subtotal (Total of this page)						3,000.00

In re **Kellie Lyn Elkins**Case No. **13-21308-dob**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx1534 Sprint/Nextel Allied Interstate 435 Ford Rd. #800 Minneapolis, MN 55426	-	11/2006 Cell phone				400.00
Account No. xx-4158 St. Marys of Michigan 800 S. Washington Saginaw, MI 48601	-	12/2009 Medical Bill				150.00
Account No. xxxxxxxxxxxx2288 The Home Depot Credit Services Processing Center Des Moines, IA 50364-0500	-	06/2005 Bills, gas				1,800.00
Account No. xxxxxxxxxx0001 Verizon Wireless PO BOX 296 Norwell, MA 02061	-	12/2007 Cell Phone				800.00
Account No. xxxx-xxxx-xxxx-1100 WFNNB-Fashion Bug PO BOX 659728 San Antonio, TX 78265	-	06/2005 Misc. Clothes				900.00
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,050.00
(Report on Summary of Schedules)						Total 15,227.00

Fill in this information to identify your case:

Debtor 1 Kellie Lyn Elkins

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number 13-21308-dob
(If known)

Check if this is:

- ☒ An amended filing
☒ A supplement showing post-petition chapter 13 income as of the following date:

3/18/2014

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not employed

Deli

Central Shop Wright

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Mechanic

Davis Cartage

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>920.00</u>	\$ <u>3,520.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>920.00</u>	\$ <u>3,520.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 920.00	\$ 3,520.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 175.00	\$ 668.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 247.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: Disability	5h.+ \$ 0.00	+ \$ 39.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 175.00	\$ 954.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 745.00	\$ 2,566.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 745.00 + \$ 2,566.00	= \$ 3,311.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$ 3,311.00 Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: NFS is not guranteed more than 40 hours per week eventhough sch I reflects 65 hours per week.			

Fill in this information to identify your case:

Debtor 1 Kellie Lyn Elkins

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number 13-21308-dob
(If known)

Check if this is:

- ☒ An amended filing
- ☒ A supplement showing post-petition chapter 13 expenses as of the following date:
3/18/2014
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

16

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 682.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>291.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>20.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>165.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>575.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>96.00</u>
10. Personal care products and services	10. \$ <u>70.00</u>
11. Medical and dental expenses	11. \$ <u>65.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>55.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>15.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>350.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>303.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Cigarettes</u>	21. +\$ <u>72.00</u>
Non-Filing Spouse Expenses/Credit Card payments	+\$ <u>25.00</u>
Son's School Supplies/Activities/Lunches	+\$ <u>75.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>3,309.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>3,311.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>3,309.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2.00</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:	<div style="border: 1px solid black; padding: 5px;">Mortgage listed is an estimated amount; in that either the debtors are going to receive a loan modification or need to move and pay rent or a mortgage elsewhere.</div>

United States Bankruptcy Court
Eastern District of Michigan

In re **Kellie Lyn Elkins**

Debtor(s)

Case No. **13-21308-dob**Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION - AMENDED

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Capital One Auto Finance	Describe Property Securing Debt: 2006 Hummer
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Citi Mortgage	Describe Property Securing Debt: Residential Property 3460 Causeway Dr. Millington, MI 48746
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Debtors are hoping for loan modification but will surrender if not succesful</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 3	
Creditor's Name: GE Money Bank	Describe Property Securing Debt: 2008 Yamaha Four Wheeler
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date August 22, 2014

Signature /s/ Kellie Lyn Elkins
Kellie Lyn Elkins
 Debtor

U.S. Trustee
211 W. Fort Street
Suite 700
Detroit, MI 48226

*IRS
P.O. Box 21126
Philadelphia, PA 19114-0326

*State of Michigan
Dept. of Treasury/Bankruptcy Unit
P.O. Box 30168
Lansing, MI 48909

Best Bank
Processing Center
P.O. Box 240200
Milwaukee, WI 53224

Capital One
P.O. Box 70884
Charlotte, NC 28272-0884

Capital One Auto Finance
3905 Dallas Pkwy.
Plano, TX 75093

Citi Mortgage
P.O. Box 8003
South Hackensack, NJ 07606-8003

Credit One Bank
P.O. Box 60500
City Of Industry, CA 91716-0500

Dr. Kishan Kella
664 S. State St.
Millington, MI 48746

First Merit Bank
295 First Merit Circle
Akron, OH 44307-2359

GE Money Bank
P.O. Box 630061
Orlando, FL 32896-0061

Hilltop Dentists
12265 N. State St.
Otisville, MI 48463

Household Bank
Bankcard Services
PO Box 19360
Portland, OR 97280

Household Bank
P.O. Box 703
Wood Dale, IL 60191

McLaren Regional Medical Center
1375 N. Main St
Lapeer, MI 48446

Paul Elkins
3460 Causeway Dr.
Millington, MI 48746

Pay Pal
P.O. Box 660433
Dallas, TX 75266-0433

PNC Bank
P.O. Box 15397
Wilmington, DE 19886

Sprint/Nextel
Alled Interstate
435 Ford Rd. #800
Minneapolis, MN 55426

St. Marys of Michigan
800 S. Washington
Saginaw, MI 48601

The Home Depot Credit Services
Processing Center
Des Moines, IA 50364-0500

Third Party Withholding Unit
Michigan Department of Treasury
PO Box 15128
Lansing, MI 48901

Trott & Trott
31440 Northwestern Hwy #200
Farmington, MI 48334-2525

US Attorney
Civil Division
211 Fort Street, Suite 2300
Detroit, MI 48226

Verizon Wireless
PO BOX 296
Norwell, MA 02061

WFNNB-Fashion Bug
PO BOX 659728
San Antonio, TX 78265

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

Case Name: Kellie Lyn Elkins

Case No.: 13-21308-dob

DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:

☐ **Amendment to Petition:**

☐ Name ☐ Debtor(s) Mailing Address ☐ Alias

☐ Signature ☐ Complying with Order Directing the Filing of Official Form(s)

☒ **Summary of Schedules**

☐ **Statement of Financial Affairs**

☒ **Schedules and List of Creditors:**

☐ Schedule A

☐ Schedule B

☐ Schedule C

☒ List of Creditors ☐ Schedule D ☐ Schedule E ☒ Schedule F, and

☐ Add creditor(s), provide address of creditor already on the List of Creditors, change amount or classification of debt - **\$30.00 Fee Required**, or

☐ Change address of a creditor already on the List of Creditors - **No Fee Required**

☐ Schedule G

☐ Schedule H

☒ Schedule I

☒ Schedule J

NOTE: Use Page 2 for any corrections or additions to the List of Creditors.

Additional Details of Amendment(s): Amended I and J pursuant to Plan Modification.

DECLARATION OF ATTORNEY: I declare that the above information contained on this cover sheet may be relied upon by the Clerk of the Court as a complete and accurate summary of the information contained in the documents attached.	
Date March 18, 2014	Signature /s/Eric P. Mulka
AFFIRMATION OF DEBTOR(S): I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge, information and belief.	
Date March 18, 2014	Signature /s/ Kellie Lyn Elkins

CORRECTIONS TO THE LIST OF CREDITORS

Use this section of the form to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRESS OF CREDITOR:

PLEASE CHANGE TO:

-NONE-

ADDITIONS TO THE LIST OF CREDITORS

Use this section to identify creditors added to the schedules and List of Creditors.

NAME OF CREDITOR: PNC Bank

ADDRESS: P.O. Box 15397
Wilmington, DE 19886

NAME OF CREDITOR: McLaren Regional Center

ADDRESS: 1375 N. Main St.
Lapeer, MI 48446

NAME OF CREDITOR: Hilltop Dentists

ADDRESS: 12265 N. State St.
Otisville, MI 48463

NAME OF CREDITOR: First Merit Bank

ADDRESS: 295 First Merit Circle
Akron, OH 44307

NAME OF CREDITOR: Dr. Kishan Kella

ADDRESS: 664 S. State St.
Millington, MI 48746

NAME OF CREDITOR: Best Bank

ADDRESS: Processing Center
P.O. Box 240200
Milwaukee, WI 53224

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

COVER SHEET FOR AMENDMENTS GUIDELINES

Use the Cover Sheet for Amendments **ONLY** when filing the items listed on Page 1, including amendments made in response to information provided to you on the BNC Undeliverable Notice.

Include the word "Amended" in the title of each amended document. **Please Note: An amended document must be filed in its entirety and accompanied by the Cover Sheet for Amendments.**

Service of Amendment: LBR 1009-1(b) The debtor shall serve a copy of the amendment and the "Cover Sheet for Amendments" on all entities affected by the amendment and file a certificate of service. **The Clerk's Office will not send notice of the amendment.**

Do not add or upload creditors that already have been included on the original List of Creditors. **The Clerk's Office will not delete creditors.**

Checks and money orders should be payable to "Clerk, U.S. Bankruptcy Court". **NOTE: No personal checks will be accepted from debtors.**

***Please contact our Help Desk with any questions regarding amendments or fees:
Bay City: (989) 894-8840 Detroit: (313) 234-0065 Flint: (810) 235-4126***